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(City/State/Zip/Phone #)

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(Business Entity Name)

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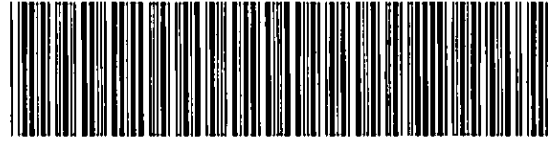
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2018 OCT 19 PM 12:29
FILING OFFICE
TALLAHASSEE, FL 32309

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: MJM SECURITY & CONSULTING INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: JENNIFER STANCIL

Name (Printed or typed)

21 FREEDOM DR

Address

DALLAS GA 30157

City, State & Zip

678-365-7427

Daytime Telephone number

JSHTAX@GMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: MJM SECURITY & CONSULTING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

5273 ISABELLE AVE
PORT ORANGE FL 32127

Mailing address, if different is:

21 FREEDOM DR
DALLAS GA 30157

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SECURITY & CONSULTING

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARK MCDONALD PRESIDENT

Name and Title: _____

Address 5273 ISABELLE AVE
PORT ORANGE FL 32127

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
OCT 19 PM 12:28
CLERK OF DISTRICT COURT
DADE COUNTY, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: MARK MCDONALD

Address: 5273 ISABELLE AVE

PORT ORANGE FL 32127

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MARK MCDONALD

Address: 5273 ISABELLE AVE

PORT ORANGE FL 32127

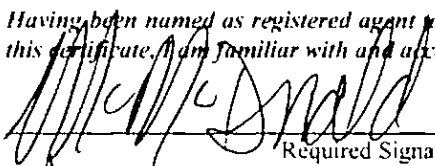
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

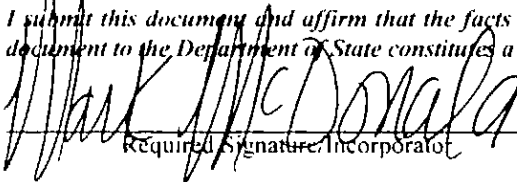


Required Signature/Registered Agent

10/10/2018

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

10/10/2018

Date